

Are you 5-13 years old and interested in playing spring soccer? Sign up at Driving Park to be a part of the Fall I season. The age divisions are: 5-6, 7-9, and 10-13. These are all co-ed teams. Conditioning and practices will start the week of September 12th and games will start in the middle of September 17th.

2016
DRIVING PARK FALL SOCCER
1100 Rhoads Avenue
Columbus, OH 43206
(614) 645-3228
www.Columbusrecandparks.gov





Registration Week:
August 29th Through September 2nd
Season Starts:
Week of September 17th.

CONCUSSION ACKNOWLEDGEMENT
By signing as parent/ guardian/ caregiver, I acknowledge of having read the “Ohio Dept. of Health concussion information sheet found here; (www.healthy.Ohio.gov/concussion) and understand the risk of participants and my responsibility to report any symptoms to coach and their physician.
Signature _____

Practice will be Tuesday and Thursdays 6pm-7pm
Games will be on Saturdays From 10am-2pm

* Register in person at Driving Park during normal business hours.
This program will cost \$10

COLUMBUS RECREATION AND PARKS
PARENTAL PERMISSION FORM



I, _____, my son / daughter, _____
(Print Parent or Guardian’s Name) (Print Child’s Name)
to participate with _____, and the children from _____
Recreation Leader Recreation Center / Playground
in _____ to be held at _____
(Activity) (Place)
on _____ from _____ (A.M. / P.M.) to _____ (A.M. / P.M.).

TO BE SIGNED BY PARENT / GUARDIAN

I agree not to hold the City of Columbus, its leaders, counselors or sponsors liable for damage to property of participant (s) or, injury to participant (s) sustained by participation that results from the operation of this program / activity.

(Signature of Parent or Guardian) _____
(Date)

(Telephone Number) _____
(Emergency Contact Number)

COLUMBUS RECREATION AND PARKS DEPARTMENT
D. P. SOCCER REGISTRATION INFORMATION FORM
Driving Park Recreation



Date: _____ Male/Female
Last Name: _____ First Name: _____ M.I. _____
Address: _____ Apt. No.: _____
City: _____ State: _____ Zip Code: _____ Home Telephone: _____
Birth Date: ____/____/____ Age : _____ Other Telephone: _____
Emergency Contact Name: _____ Emergency. Contact Telephone No.(s): _____
Email Address: _____
Emergency Medical Info. (allergies, diabetes, etc): _____

I agree not to hold the City of Columbus, its leaders, counselors or sponsors liable for damage to property of participant (s) or, injury to participant (s) sustained by participation that results from the operation of this program /activity.

(Parent or Guardian) Signature _____

AGE DIVISIONS: (5-6) (7-9) (10-13) SHIRT SIZES: YS YM YL AS AM AL AXL AXXL